# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 08, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P98000013775

**Entity Name:** C. STEPHEN PATTI, M.D. PA

**Current Principal Place of Business:**

2075 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

**New Principal Place of Business:**

1217 EAST AVENUE
SUITE 307
SARASOTA, FL 34239

**Current Mailing Address:**

2401 UNIVERSITY PKWY
#204
SARASOTA, FL 34243

**New Mailing Address:**

1217 EAST AVENUE
#307
SARASOTA, FL 34239

**FEI Number: 65-0805971** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATTI, C. STEPHEN M.D.
10811 BULLRUSH TERRACE
BRADENTON, FL 34202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: PATTI, C. STEPHEN M.D.
Address: 10811 BULLRUSH TERRACE
City-St-Zip: BRADENTON, FL 34202

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: PATTI, DANIELLE M.D.
Address: 10811 BULLRUSH TERRACE
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. STEPHEN PATTI, M.D. D 04/08/2002

Electronic Signature of Signing Officer or Director — Date